MAXIMUS Federal Services, Inc. (MAXIMUS) is the national leader in the provision of government agency independent review services. Since 1989, MAXIMUS has conducted more than 7.5 million independent reviews for more than 60 state and federal government agencies, including arbitration reviews for the New Jersey Department of Banking and Insurance, the Florida The Agency For Health Care Administration, the Health and Human Service Office of the Inspector General, and the Centers for Medicare & Medicaid National Correct Coding Initiative Medicare and Medicaid. We work only on behalf of government agencies and maintain no direct relationship with Third Party Administrators, Self-Insured Employers, provider groups or other commercial entities. We have the most complete and robust organizational conflict of interest measures in the industry. This commitment to avoiding conflicts allows us to insulate risk for our government clients and fully protect the integrity of the arbitration review process for all parties. It also enables MAXIMUS to provide the most defensible review determinations that will hold up under public and legal scrutiny and result in increased stakeholder satisfaction in utilizing TX Out-of-Network Claim Dispute Resolution.

Betsy L. Priest CPC, CCS-P, CPC-I

Professional Experience

- MAXIMUS Federal Services, 03/16/2018- present – Billing Manager
  - Conduct coding reviews on inpatient, outpatient, DME and DRG validation
  - Process documentation and improvement
  - NJ OON and PICPA arbitration
    Assist the team on coding, client requests and questions as well as decisions and communication with the carriers and providers
  - Assist other state and federal programs with their coding questions and reviews
  - Train coworkers in the use of ACTS (Appeals Case Tracking System)

- Practicefirst Medical Management November 2015-March 2018 – Coding and IT Manager
  - •Manage a team of 11 coders for various specialties, and 2 IT employeesX
  - Monthly productivity oversight, coding accuracy audits, and training
  - Scheduling, payroll, and annual reviews
  - Audits for prospective and existing clients, pricing of services and sales meetings as well
  - Train coders and providers on a number of coding issues, changes and processes
  - Ensuring that charge and demographic files can be uploaded accurately, overseeing connectivity between us and our clients
  - Making sure new clients are set up correctly and can connect with us in any way needed

- Rochester General Health System Jan 2009-November 2015 – Coding Integrity Coordinator
  - Work on the Care Connect Work Queues for denials and coding issues
  - Denials management and reporting
  - teach the coders how to fix the issues and or educate them on guideline changes
  - Assist the professional billing department with coding issues
  - Complete coding audits for all specialties
  - In charge of auditing Provider's visit notes to find errors in the documentation for Physician Practices
  - Every month I send financial reports to show the provider's the gains that were made based on my training
  - monthly Peer Reviews and in-services to ensure ongoing understanding of coding as a whole

- Assisted training team in EMR training and implementation
- Created trainings for ICD-10 implementation, ICD-9 specificity, E/M coding and case management documentation
- Coordinate and reply to all payer requests for information and guidance

Education

- Associates Degree in Healthcare Administration Management (2012 – 2014) – University of Phoenix
- Bachelors in Healthcare Administration Management – Information Systems in progress. Completion date Aug 2020 - University of Phoenix
- Degree in Insurance Billing and Coding **(2005) –** Concorde Career Institute Lauderdale Lakes FL

Certifications

- AHIMA Credentials – CCS-P received in June 2015
- AAPC Credentials – CPC received in May 2006
- AAPC Credentials – CPC-I (Instructor) received in Sep 2016

Professional Organizations

- **AHIMA**
- **AAPC**